

Case Number:	CM14-0109523		
Date Assigned:	08/01/2014	Date of Injury:	01/01/2002
Decision Date:	08/29/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with the date of injury of January 1, 2002. A Utilization Review was performed on July 7, 2014 and recommended partial-certification of Fentanyl patch 50mcg Qty 10 without refills and Norco 10/325mg Qty 60 to begin downward titration and complete discontinuation of these medications and non-certification of Neurontin 300mg. A Progress Report dated May 1, 2014 identifies Subjective Complaints of s/p a spinal fusion and has chronic pain. She is having no side effects from current medications. She notes that the medications are effective and do allow her to work almost full time. Objective Findings identify mild SI joint tenderness is noted. Diagnoses identify lumbago and postlaminectomy syndrome lumbar region. Recommendations identify continue present medications. Continue Neurontin 300 mg daily to BID, Fentanyl 50 mcg/h #10, and Norco to #120/month with the next refill.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fentanyl Patch 50mcg # 15 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- neuropathic pain - therapeutic trial of opioids - chronic pain in general conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 44 AND 47 OF 127.

Decision rationale: Regarding the request for Fentanyl 50 mcg #15 x 2, Chronic Pain Medical Treatment Guidelines state Fentanyl is not recommended as a first-line therapy. The Guidelines also state it is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Within the medical information made available for review, there is documentation of chronic pain. However, there is no mention of failure of first-line therapy. There is no mention that the patient's chronic pain requires continuous opioid analgesia and the pain cannot be managed by other means. In the absence of such information, the currently requested Fentanyl 50 mcg #15 x 2 is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- neuropathic pain - therapeutic trial of opioids - chronic pain in general conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 OF 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is note that the medication is decreasing the patient's pain and improving function. However, there is no discussion regarding aberrant use. Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Norco is not medically necessary.

Neurontin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 OF 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of neuropathic pain. In the absence of such documentation, the currently requested Neurontin is not medically necessary.

